

# CHANGE OF ACADEMIC PROGRAM

Student ID Number: \_\_\_\_\_

Student's Name (please print): \_\_\_\_\_ , \_\_\_\_\_  
Last Name First Name MI

MU Email Address: \_\_\_\_\_@marymount.edu

**Check if applicable:**

- ☐ University Honors Program  
☐ International Student

## Current Program

Student's Current Major: \_\_\_\_\_

Student's Current Specialty (if applicable): \_\_\_\_\_

Student's Current Minor (if applicable): \_\_\_\_\_

## Changes to Program

(Please check all that apply)

Primary Major: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
_____	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
Second Major: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
_____	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
Minor: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
_____	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
Specialization: _____	<input type="checkbox"/> Add	<input type="checkbox"/> Drop
_____	<input type="checkbox"/> Add	<input type="checkbox"/> Drop

## Required Signatures

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Dean of School: ☐ Approve ☐ Deny

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

New Academic Program Advisor: \_\_\_\_\_

New Expected Graduation Date (month/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ New Catalog Year (if applicable): \_\_\_\_\_

CC: Registrar's Office Entered by \_\_\_\_\_  
Student Initials Date  
Home School Office (if applicable)  
ISS (if applicable)